

<b>UTILITY PATENT APPLICATION TRANSMITTAL with FEE TRANSMITTAL</b> (Only for new nonprovisional applications under 37CFR 1.53(b))		Attorney Docket No. <b>AMPC 5046</b>																						
		First Named Inventor <b>Levasseur, Jeffrey K.</b>																						
		Title <b>Improved Apparatus and Method for Multi-Channel Equalization</b>																						
		Express Mail Label No. _____																						
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: <b>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</b>																						
1. <input checked="" type="checkbox"/> Filing Fee included (hereinbelow) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [ Total Pages <b>13</b> ] (Preferred arrangement set forth below) <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross reference to related applications</li> <li>- Statement regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- BRIEF Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claims</li> <li>- Abstract of the Disclosure</li> </ul> 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets <b>2</b> ] 4. Oath or Declaration [ Total Pages <b>1</b> ] <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 12 completed)</li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul>		5. <input type="checkbox"/> Application Data Sheet. See 37CFR 1.76 <b>ACCOMPANYING APPLICATION PARTS</b> 6. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> Preliminary Amendment 10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 11. <input type="checkbox"/> Other: _____ _____ _____ _____																						
12. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: _____ Prior application information:    Examiner _____    Group Art Unit: _____																								
<b>FEE TRANSMITTAL ELEMENTS</b> TOTAL AMOUNT OF PAYMENT <b>(\$ 910.00)</b> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <b>19-2201</b> Deposit Account Name <b>Headquarters, U.S. Army Material Command</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		<b>LARGE ENTITY FEE CALCULATION</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">FEE CODE</th> <th style="text-align: center;">FEE PAID</th> </tr> </thead> <tbody> <tr> <td>1. Basic Filing Fee - (Utility)</td> <td style="text-align: center;">101</td> <td style="text-align: center;">\$910.00</td> </tr> <tr> <td>2. Independent claims in excess of 3</td> <td style="text-align: center;">102</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3. Claims in excess of 20</td> <td style="text-align: center;">103</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>4. Additional Fees</td> <td></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>5. Other Fees (specify) _____</td> <td></td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="2">Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"</td> <td style="text-align: center;">\$910.00</td> </tr> </tbody> </table>			FEE CODE	FEE PAID	1. Basic Filing Fee - (Utility)	101	\$910.00	2. Independent claims in excess of 3	102	_____	3. Claims in excess of 20	103	_____	4. Additional Fees		_____	5. Other Fees (specify) _____		_____	Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"		\$910.00
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